



Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE OF AWARD
NOA-2023-126

ZAFIRE DISTRIBUTORS, INC.



49 Examiner St., West Triangle,
Quezon City
Tel. No.: 8928-4293 / Fax No.: 8925-0500
Email Add: tarayao.jemimah25@gmail.com

Dear Sir / Madam:

Please be informed that we are procuring the following additional items under the same terms and conditions of the contract One (1) Lot Supply and Delivery of reagents/consumables under Reagent Tie-up Agreement for three (3) years for Flow Cytometry Machine through Direct Contracting per Resolution No. R2023-06-346:

QTY	UNIT	ITEM DESCRIPTION	UNIT COST	TOTAL AMOUNT
		<i>Brand: Beckman Coulter</i>		
2	vial	CD103-FITC, 100 tests, CE-IVD	38,333.33	76,666.660
2	vial	CD23-RPE, 2ML ASR	66,666.67	133,333.340
2	vial	CD38-PC5.5, 50 tests, CE-IVD	86,666.67	173,333.340
2	vial	CD58-FITC, 2ML, ASR	53,333.33	106,666.660
TOTAL			490,000.00	

Very truly yours,


SONIA B. GONZALEZ, MD, MSChSM, MPM
Executive Director 

Conforme:

This is to certify that the company has authorized me to accept this award, sign all related documents and hold the company bound by rules and laws applicable thereto.

I further certify that I have chosen the following mode (as checked) as the form of retention money required of us under R.A 9184 Sec. 62.1

- Bank Guarantee
 1% Deduction from claims on the first payment for staggered deliveries

Authorized Signatory (Signature over printed name)

Designation

Date